



National Health Service Corps
Scholarship Program
U.S. Department of Health and Human Services
Health Resources and Services Administration

NATIONAL HEALTH SERVICE CORPS 2011 SCHOLARSHIP PROGRAM APPLICATION

FACSIMILE TRANSMITTAL

To: NHSC SP Application Review Team	Fax #: 855-444-6035
From:	Fax #:
# of Pages (including cover sheet):	Date:

2011 National Health Service Corps Scholarship Program Forms

Please check the documents that are included with this fax:

<input type="checkbox"/> Verification of Good Standing (Must be signed by a school official)	
<input type="checkbox"/> Academic Letter of Recommendation	<input type="checkbox"/> Non-Academic Letter of Recommendation
<input type="checkbox"/> Unofficial Transcript	<input type="checkbox"/> Current Tuition and Fees Schedule
<input type="checkbox"/> Verification of Exceptional Financial Need	<input type="checkbox"/> Verification of Disadvantaged Background

For Recommendations:
Please complete the following information on behalf of the student for which you are submitting a recommendation:

Student's Name: _____

Name of Student's School: _____

For Questions, please call 1-800-221-9393 (TTY: 1-877-897-9910), Monday through Friday (except Federal holidays) 9:00am to 5:30 pm EST, or email CallCenter@hrsa.gov.

Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Disclosure of information sought is voluntary; however, if not submitted, except for questions related to Race/Ethnicity on the online application, an application will be considered incomplete and therefore will not be considered for an award. The information applicants supply will be maintained in a system of records and subject to disclosure as set forth under the Privacy Act Notification Statement in the NHSC SP Application and Program Guidance. The current OMB control number for information collected through this application process is 0915-0146 and the expiration date is 2/28/2011. Public reporting burden for this collection is estimated to average 4.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.



National Health Service Corps Scholarship Program

Description of Required Supporting Documentation

- **Proof of Status as a U.S. Citizen or U.S. National**

Proof of U.S. citizenship or U.S. national status may include a birth certificate issued by a city, county, or state agency in the U.S., the ID page of a U.S. passport, or a certificate of citizenship or naturalization.

- **Authorization to Release Information Form**

This form authorizes entities identified in the form to disclose information regarding applicants who have been selected and accept the scholarship award.

- **Acceptance Report/Verification of Good Standing Form**

Applicants must be enrolled or accepted for full-time enrollment in a fully accredited program during the 2011-2012 school year and must begin classes by September 30, 2011 to receive an award. Each applicant is required to submit a report from the school verifying his/her acceptance or enrollment in good standing. The school identified in the Acceptance Report/Verification of Good Standing Form will be the applicant's "initial school of record."

If this document states that there are conditions (not yet fulfilled) for acceptance into the school and/or program other than standard contingencies that apply to all admitted applicants, applicants will not be eligible for consideration of an award for the 2011-2012 school year unless all contingencies or conditions for acceptance are removed and documented in writing by June 30, 2011.

- **Academic Letter of Recommendation**

If the applicant is currently enrolled in the health professions training program, the recommendation letter should be from the Department Chair, faculty advisor or a faculty member of that academic program who is familiar with the student. If the applicant has not begun the training associated with the scholarship, the letter should be from the Department Chair, faculty advisor, or a faculty member of the applicant's most recent academic program who is familiar with the applicant. The letter should include the information described in the "Academic Letter of Recommendation – Instructions."

- **Non-Academic Letter of Recommendation**

The recommendation letter should be from an individual who is familiar with the applicant's professional, community, and/or civic activities, especially those related to underserved communities. The recommender can be a current or previous employer, community leader, colleague, or anyone who has knowledge of the applicant's interest and motivation to provide care to underserved communities. The letter should include the information described in the "Non-Academic Letter of Recommendation – Instructions."



- **Unofficial Transcript**

Each applicant must include a transcript from his/her current educational institution or, if not currently attending an educational institution, a transcript from the last educational institution he/she attended. **An unofficial transcript is acceptable as long as the grade point average (GPA) is also provided.**

- **Current Tuition and Fees Schedule**

Each applicant must provide a tuition and fees schedule for the 2011 - 2012 school year or, if not yet available, the most recent tuition and fees schedule published by the school in the school catalog or on its website.

- **Verification of Exceptional Financial Need (EFN) Status**

Applicants who have received a scholarship for students of Exceptional Financial Need under Section 758 of the Public Health Service Act (formerly 42 U.S.C. 294z) qualify for a funding priority (medical and dental students only). This document certifies that the applicant has participated in the EFN Program and must be completed by the school's financial aid official.

- **Verification of Disadvantaged Background**

This document certifies that the applicant comes from a disadvantaged background and either participated in or would have been eligible to participate in Federal programs such as "Scholarships for Disadvantaged Students," "Loans to Disadvantaged Students," or the "Nursing Workforce Diversity Grant Program."



NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

If I become a participant in the National Health Service Corps (NHSC) Scholarship Program, I,
_____, hereby authorize:

(Print Name - First, Middle Initial, Last)

- 1) The school where I am/was enrolled while participating in the NHSC Scholarship Program to disclose information pertaining to my school enrollment to the Department of Health and Human Services (DHHS), and/or its contractors. Information pertaining to my school enrollment includes, but is not limited to, my transcripts and grades, academic standing, enrollment and degree status, curriculum and examination requirements for graduation, tuition and fees, leave-of-absence, withdrawal, or dismissal from school. This information will be used by DHHS to determine my eligibility to continue to receive scholarship benefits and the amount of those benefits.
- 2) If applicable, I hereby authorize any post-degree advanced training program(s), for which I receive a deferment (i.e., approval) from DHHS to complete, to disclose to DHHS, and/or its contractors, information pertaining to my participation in the post-degree advanced training program(s) including, but not limited to, my curriculum and examination requirements, status in the program, completion date, leave-of-absence, withdrawal or dismissal from the program.
- 3) The entity/entities where I am/was approved to provide service in satisfaction of my NHSC Scholarship Program obligation to disclose to DHHS, and/or its contractors, information pertaining to my compliance with the NHSC scholarship service requirements. Such information includes, but is not limited to, my practice location(s), practice responsibilities, work schedule or other documentation indicating the hours that I worked and the hours I was away from the site, records relating to my work performance and (if applicable) the circumstances relating to the termination of my employment at the service location.

The above authorizations take effect on the date that I become a participant in the NHSC Scholarship Program and shall remain in effect until the date my NHSC scholarship commitment has been fulfilled.

In addition, I hereby authorize the DHHS, and/or its contractors, to release my name, address(es) and social security number to see if I appear on the Excluded Parties List System. This authorization takes effect on the date I sign this release form. If I do not become a participant, this authorization shall remain in effect until September 30, 2011.

These authorizations may be revoked by me in writing at any time.

(Signature of Individual)

(Date)

(Last 4 Digits of
Social Security Number)

Please fax to the attention of: Division of National Health Service Corps (DNHSC), Scholarship Program (SP) Fax: (855) 444-6035
OR

Upload to the NHSC Scholar Portal: <https://programportal.hrsa.gov/nhscsp>



ACCEPTANCE REPORT/VERIFICATION OF GOOD STANDING

This Acceptance Report/Verification of Good Standing certifies that the student identified below has been accepted for admission or is enrolled in good standing for the 2011-2012 academic year as indicated. Please note all information will be verified for accuracy. (To be completed by a school official only)

1. Student's Name (Last, First, Middle): _____ 2. Student's SSN (Last 4 digits): _____

3. What program is the student admitted to? (Please specify if the program is a dual degree or bridge program.)

4. Is the student in good standing? (If NO, please explain.)

5. Degree/certificate the student will receive upon completion of the program:

6. Student classification as of the 2011-2012 school year: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

7. If the student is newly enrolled, is there a contingency to the student's acceptance to the program other than standard contingencies that apply to all admitted applicants? Examples include the student needing to repeat a course or the student receiving an "Incomplete" status for a course. ☐ Yes ☐ No

If YES, please explain: _____

(All contingencies must be met by June 30, 2011)

8. Student Status (check all that is applicable):

☐ Full-Time Enrollment ☐ Part-Time Enrollment ☐ Repeating Course Work ☐ On Probation
☐ Leave of Absence ☐ Withdrawn ☐ Other (Please explain): _____

9. What schedule does the academic year operate on?

☐ Semester system ☐ Quarter system ☐ Trimester system ☐ Other (Please explain): _____

10. Length of the full-time program (months or years): _____

11. Date student began the program (mm/yyyy): _____

12. Date class begins for the academic year 2011-2012 (mm/yyyy): _____

13. Anticipated date of graduation (mm/yyyy): _____

By signing my name below, I certify that the current status of the student listed above has been correctly identified. I further certify that, where necessary, I have corrected the "Year in Program" and "Date of Graduation" for the student to accurately reflect the anticipated graduation date given the current enrollment. I understand that any willfully false information may be punishable as a felony under U.S. Code, Title 18, Section 1001.

SUBMITTED BY:

Signature: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ E-Mail Address: _____

Name of School: _____

Please fax to the attention of: Division of National Health Service Corps (DNHSC), Scholarship Program (SP)
OR

Fax: (855) 444-6035

Student may upload signed form to the NHSC Scholar Portal: <https://programportal.hrsa.gov/nhscsp>



NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM

ACADEMIC LETTER OF RECOMMENDATION - INSTRUCTIONS

If the applicant is currently enrolled in the health professions training program, the letter should be from the applicant's Department Chair, Faculty advisor or a Faculty member of that academic program who is familiar with the student. If the applicant has not begun the training associated with the scholarship, the letter should be from the Department Chair, Faculty advisor, or a Faculty member of the applicant's most recent academic program who is familiar with the applicant.

The letter should be on the institution's letterhead and include the following:

- Student's first initial and last name;
- Last 4 Digits of Social Security Number;
- Student's discipline;
- Evaluator's Name (Printed);
- Title;
- Address (unless already on letterhead);
- Signature;
- A description of the academic official's relationship to the applicant and the length of time the official has known the applicant;

AND

- A discussion of the following points:
 1. The applicant's education/work achievements;
 2. The applicant's ability to work and communicate constructively with other people; and
 3. The official's assessment of the applicant's particular characteristics, interest and motivation to serve populations in areas of greatest need in health professional shortage areas. This assessment should include the evaluator's knowledge of the applicant's work experiences, pertinent course work, special projects, research, or other activities that demonstrate an interest in and commitment to serving underserved populations.

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NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM

NON-ACADEMIC LETTER OF RECOMMENDATION - INSTRUCTIONS

The Non-Academic Letter of Recommendation should be from an individual who is familiar with the applicant's professional, community, and/or civic activities, especially those related to underserved communities. The evaluator can be an employer or previous employer, community leader, colleague, or anyone who has knowledge of the applicant's interest and motivation to provide care to underserved communities.

The letter should include the following:

- Student's first initial and last name;
- Last 4 Digits of Social Security Number;
- Student's discipline;
- Evaluator's Name (Printed);
- Title or Organization;
- Address (unless already on letterhead);
- Signature;
- A description of the Individual's relationship to the applicant and the length of time he or she has known the applicant;

AND

- A discussion of the following points:
 1. The applicant's community/civic or other non-academic achievements;
 2. The applicant's ability to work and communicate constructively with other people; and
 3. The evaluator's assessment of the applicant's particular characteristics, interest and motivation to serve populations in areas of greatest need in health professional shortage areas. This assessment should include the evaluator's knowledge of the applicant's, work experiences, pertinent course work, special projects, research, or other activities that demonstrate an interest and commitment to serving underserved populations.

If the letter is from an individual representing a particular organization or institution, the letter should be on an official letterhead.

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OR

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RECEIPT OF EXCEPTIONAL FINANCIAL NEED SCHOLARSHIP
(For School Use Only – Must be Completed by Financial Aid Official)

Name of Student: _____

Last 4 digits of the Student's Social Security Number: _____

The Financial Aid Official identified below certifies that the above-named student

☐ has received

☐ has not received

a Scholarship for Students of Exceptional Financial Need (EFN) under former section 758 of the Public Health Service Act (applicable to medical and dental students only).

SUBMITTED BY:

Signature & Date: _____

Name: _____

Title & Phone Number: _____

E-Mail Address: _____

Name of School: _____

Please fax to the attention of:

Division of National Health Service Corps (DNHSC), Scholarship Program (SP) Fax: (855) 444-6035

OR

Student may upload signed form to the NHSC Scholar Portal: <https://programportal.hrsa.gov/nhscsp>



VERIFICATION REGARDING DISADVANTAGED BACKGROUND

(For School Use Only – Must be Completed by Financial Aid Official)

Name of Student: _____ Last 4 digits SSN:XXX-XX-_____

The Financial Aid Official identified below certifies that the above-named student

☐ is

☐ is NOT

from a disadvantaged background (criteria described below). Students from a disadvantaged background have either participated in or would have been eligible to participate in Federal Programs such as the “Scholarships for Disadvantaged Students,” “Loans to Disadvantaged Students” or the “Nursing Workforce Diversity Grant Program.”

CRITERIA FOR DISADVANTAGED BACKGROUND STATUS

1. Come from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged). The following are provided as examples of “Environmentally Disadvantages” for guidance only and are not intended to be all-inclusive.

Examples:

- Person from high school with low average SAT/ACT scores or below the average State test results.
- Person from a school district where 50 percent or less of graduates go to college.
- Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
- Person for whom English is not his or her primary language and for whom language is still a barrier to academic performance.
- Person who is first generation to attend college.
- Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.

OR

2. Come from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged).

The Secretary defines a “low income family” for various health professions and nursing programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives.

SUBMITTED BY:

Signature & Date: _____

Name & Title: _____ Phone Number: _____

E-Mail Address: _____ Name of School: _____

Please fax to the attention of:

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OR

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